

WISCONSIN FUNERAL AND CEMETERY AIDS PROGRAM REIMBURSEMENT REQUEST

Social Security Numbers and personally identifiable information will be used only for the direct administration of the Wisconsin Funeral and Cemetery Aids Program.

This form must be completed in order to receive Wisconsin Funeral and Cemetery Aids Program reimbursement. Once this form is completed, return the form and all other required documentation to the local county/tribal human or social services agency (local agency). To find the local agency's address visit the Wisconsin Department of Health and Family Services' web site at <http://dhfs.wisconsin.gov/em/imagencies/index.htm>.

SECTION 1 – Decedent Information

Name	Date of Birth
Address	Date of Death
Social Security Number	Date(s) of Service

SECTION 2 – Provider Information

Funeral Home	Cemetery / Crematorium
Name	Name
Address	Address
Telephone Number	Telephone Number
	Check type of provider <input type="checkbox"/> Cemetery <input type="checkbox"/> Crematorium

SECTION 3 – Total Funeral and Cemetery Expenses

Total Funeral Expenses

Funeral Homes: Attach "Statement of Funeral Goods and Services Selected". If you do not include the Statement, your reimbursement request will be denied. Assure that the Statement includes total actual charges, not estimates, for each of the goods/services provided by the funeral home and any funeral home within the same corporation, whether the goods/services were provided before or after death. Enter the exact dollar amount for each good/service provided. Also, assure that the Statement includes and clearly identifies all cash advances. Cash advances will not be counted toward the total funeral expense limit under s. 49.785 Wis. Stats., if reimbursement is required in an amount no greater than that advanced. If you provided goods/services on behalf of the cemetery because the cemetery does not provide those goods/services (e.g. outer burial vault), indicate that on the Statement. Such goods/services will not be counted toward the total funeral expense limit.

Total Cemetery Expenses

Cemetery or Crematorium: Report total actual charges, not estimates, for each of the goods/services provided by the cemetery or crematorium, whether the goods/services were provided before or after death. Enter the exact dollar amount for each good/service provided. If you list an amount for "Services associated with supplying or delivering these goods", describe these services. If the service is not listed, enter the total under "Other cemetery expenses" and describe the services provided.

\$ _____ Monument, marker, nameplate

\$ _____ Cemetery lot, mausoleum space, vase or urn

\$ _____ Opening / closing of grave or mausoleum space

\$ _____ Cremation

\$ _____ Services associated with supplying or delivering these goods (describe below)

\$ _____ Other cemetery expenses (describe below)

SECTION 4 – Reimbursement Request

NOTE: The total charges minus any amounts paid by the estate and others, equals the “Reimbursement Request”.

Reimbursement under s. 49.785 Wis. Stats. is available only when the estate of the decedent is insufficient to pay for his/her funeral, burial and cemetery expenses.

By signing below, the Provider certifies that: 1) the charges indicated here represent total actual charges for goods/services provided by the Provider, and 2) funds to which the Provider is entitled as the beneficiary of a pre-arranged burial agreement are included in the “Paid by Estate/Other” amounts.

By signing below, the Executor or Family Representative, certifies that the “Paid by Estate/Other” amounts indicated here represent the total funds available from the estate and other funding sources to cover funeral, burial and cemetery expenses of the decedent.

Total Funeral Charge	\$ _____	Total Cemetery Charge	\$ _____
Amount Paid by Estate or Other	- \$ _____	Amount Paid by Estate or Other	- \$ _____
Reimbursement Request	= \$ _____	Reimbursement Request	= \$ _____

Special Circumstances. If there are special circumstances that may justify exceeding the total expense limit, or the reimbursement limits under s. 49.785 Wis. Stats., describe those circumstances in detail on an attachment to this reimbursement request.

SECTION 5 - Signatures

Provider of services and executor or family representative must sign and date below.

FUNERAL HOME

SIGNATURE – Provider	Date Signed
SIGNATURE – Executor / Family Representative	Date Signed
Address – Executor / Family Representative	Telephone Number

CEMETERY / CREMATORIUM

SIGNATURE – Provider	Date Signed
SIGNATURE – Executor / Family Representative	Date Signed
Address – Executor / Family Representative	Telephone Number

SECTION 6 – Reimbursement Authorization (Office Use Only)

Date received _____	Worker Name _____
Medicaid recipient at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, allowable category _____.	
W-2 paid placement at time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No Other qualifying individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If “Yes”, specify type of other qualifying individual _____.	
Authorized reimbursement: Funeral \$ _____	Cemetery \$ _____
If not authorized, explain _____.	
Special circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by DHFS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursement authorized by _____	Date _____